



Overview of SAMHSA's Women's Addiction Services Leadership Institute (WASLI) & Considerations for Reinstating WASLI 2.0

Background

Substance use during and after pregnancy can negatively impact women and their babies. Current trends show an increase in substance use-related conditions in pregnant women and their newborns. Women with opioid-related diagnoses at delivery increased by 131% from 2010 to 2017. During the same period, the number of babies born with neonatal abstinence syndrome (NAS), or the signs of withdrawal that may occur in a newborn exposed to substances in utero, increased by 82% nationally.¹ Further, the changes that occur during the postpartum period can cause depression and an increased risk of substance use.² Substance use disorder (SUD) treatment for pregnant and parenting women requires that practitioners understand the biological, psychological, and social needs of this population to provide effective treatment.³

Recognizing the critical public health need to reach and provide treatment for pregnant and parenting women with an SUD, the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant directs state alcohol and drug agencies to give preference in admission to SUD treatment, as well as provide specialized services to these populations. To support the delivery of specialized women's services and respond to challenges in the workforce (e.g., high staff turnover and keeping pace with best practices), the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) created a customized leadership institute to strengthen the women's services workforce.

The institute, known as the Women's Addiction Services Leadership Institute (WASLI), was funded by SAMHSA from 2008-2018. Over the ten-year period, six WASLI cohorts were trained. A total of 112 emerging leaders graduated from WASLI and 56 coaches received training in executive coaching; 10 percent of the coaches were WASLI alumni. Sixty-eight percent of the participants identified as White, 25% identified as Black/African American, and roughly 10% identified as Hispanic or Latina.⁴



The goals of this comprehensive leadership program were to:

- Strengthen the capacity of emerging leaders to meet the prevention, treatment, and recovery needs of women with substance use and co-occurring mental disorders;
- Develop and improve the leadership skills of participants; and
- Create a network of the next generation of leaders in women's services.

WASLI provided an intensive and tailored opportunity to strengthen the skills of women's services professionals that had not been available in the SUD field. Since the program was discontinued, it has not been replaced with comparable investments in leadership development. The absence of this program created a significant gap in federal support to strengthen and retain the women's services workforce.

“Through WASLI, I was connected to a network of colleagues that provided me with support, guidance, shared resources, expertise, and consultation to improve the lives of women and children in my community. Such a connection does not exist for me locally, so the value of this national network was profound. WASLI also provided me with the opportunity for increased knowledge and self-awareness. The foundational training and ongoing connection to WASLI fellows and coaches supported my intentional development into a more effective practitioner and advocate for women’s recovery.”

- Lori Criss, 2011 WASLI Associate; later appointed Director of the Ohio Department of Mental Health & Addiction Services (OMHAS) 2019-2023

WASLI Overview

WASLI was a 6-month leadership development program designed to enhance the competencies, self-awareness, and commitment of early and mid-career women’s services professionals throughout the nation. Program eligibility included at least five years of experience in women’s services, leadership potential, and dedication to a career in women’s SUD services. Emerging leaders were selected from a range of organizations (e.g., state alcohol and drug agencies, colleges/universities, and community SUD providers).

The specific components of the program included the following:

- **Individualized Assessments:** Assessments, including a 360-degree leadership assessment, for emerging leaders to better understand their leadership style, strengths, and areas for improvement.
- **Four-Day Immersion Training:** Intensive training delivered to meet the goals of emerging leaders. Topics included: negotiation, conflict resolution, and facilitating change. Participants also received the results of their assessments to consider as developmental areas.
- **Coaching and Action Learning:** A Leadership Enhancement Action Plan (LEAP) and Women’s Services Leadership Project was required to enhance two to three specific leadership skills through a service project within their organizations. Coaches experienced in women’s SUD services worked with emerging leaders to put their leadership goals into practice and develop their LEAP.
- **Enhanced Action Learning:** Training and support were offered through an ongoing series of brief virtual learning sessions, progress check-ins, opportunities to build mutual support and a 3-day in-person Enhancement Training focused on leadership within the field.
- **Graduation:** A virtual graduation was held for each cohort to share leadership projects and celebrate emerging leaders’ accomplishments. The WASLI network, (e.g., coaches and alumni), were invited to the event to support and honor the graduates.
- **Alumni Network:** Graduates maintained connections with other WASLI alumni and coaches after the conclusion of their cohort. Without the network created through WASLI, many of these connections would not have been possible.

Most WASLI service projects can be categorized under one or more of the following areas. ⁵

- Workforce Development
- Family Supports and Parent Education
- Gender-Responsive, Trauma-Informed Services
- Housing
- Peer Supports
- Capacity Building and Sustainability

Benefits Of WASLI

WASLI had a positive and lasting impact on emerging leaders and employers:

- Emerging leaders developed personal and professional skills and inspired others to do the same. Many leaders remain in the SUD field today – assuming leadership positions.
- Employers benefitted from staffs' enhanced skills, as well as higher rates of staff satisfaction and retention. The program helped cultivate the next generation of SUD women's services leaders and supported organizational succession planning.
- WASLI helped graduates feel more comfortable in their roles, and more confident taking action as leaders.
- Activities, such as the Women's Services Leadership Project, cultivated innovation and forward-thinking among participants and promoted practical initiatives for women's services in their states.

WASLI Impacts

- 100 percent of WASLI participants in the final cohort indicated the program had a large impact on their leadership skills.⁶
- 70 percent noted increased workplace responsibility because of participating in the program.⁵
- Participants stated that their service projects benefitted their agency/organization by increasing gender-responsive services; increasing collaboration with partners; creation of new services and service approaches; increasing gender-responsiveness in existing services, and more.⁵

Future Considerations for WASLI 2.0

The needs of women's services professionals are greater than ever – managing the emergence of new addictive substances, high rates of opioid overdose, and workforce shortages. The re-establishment of a WASLI 2.0 can help enhance the skills and commitment of women's services professionals. Consideration should be given to funding WASLI again with the following enhancements:

1. **Conduct Outreach** – National outreach should occur to recruit talented, committed, and diverse emerging leaders and coaches from throughout the country.
2. **Modernize the Delivery of Activities** – Program activities should utilize virtual options and technological resources, when appropriate, to increase emerging leaders' ability to participate in the program.
3. **Conduct Program Evaluation** – Formal program evaluation should be conducted to better capture the impact of the program.

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¹ Hirai AH, Ko JY, Owens PL, Stocks C, Patrick SW. Neonatal Abstinence Syndrome and Maternal Opioid-Related Diagnoses in the US, 2010-2017. *JAMA*. 2021;325(2):146–155. doi:10.1001/jama.2020.24991

² Gopalan P, Spada ML, Shenai N, Brockman I, Keil M, Livingston S, Moses-Kolko E, Nichols N, O'Toole K, Quinn B, Glance JB. Postpartum Depression-Identifying Risk and Access to Intervention. *Curr Psychiatry Rep*. 2022 Dec;24(12):889-896. doi: 10.1007/s11920-022-01392-7. Epub 2022 Nov 23. PMID: 36422834; PMCID: PMC9702784.

³ Substance Abuse and Mental Health Services Administration. Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) Series, No.51. HHS Publication No. (SMA) 13-4426. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009.

⁴ Center for Research and Evaluations. Women's Addiction Services Leadership Institute (WASLI). Advocates for Human Potential, Inc. 2017, Dec.

⁵ Taitt, SB & Werner, D. Women's Addiction Services Leadership Institute. NatCon 2017 poster. 2017.

⁶ Advocates for Human Potential, Inc. Projects & Impact. Technical Assistance and Training on Women and Families Impacted by Substance Use and Mental Health Disorders (also known as: Women, Children, and Families). <https://www.ahpnet.com/Projects-Impact>. N.d.